

<b>Case Number:</b>	CM13-0063875		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who reported an injury on 10/20/2011; the mechanism of injury was not provided within the medical records. The clinical note dated 10/18/2013 indicated a diagnosis of moderate to severe mid mechanical back pain. The injured worker reported moderate to severe midthoracic back pain in her neck that increased at night. The injured worker reported that she had not had an MRI of her neck since 2012. On physical examination of the cervical spine, range of motion revealed flexion of 30 degrees, extension of 25 degrees, right and left lateral bending of 30 degrees and rotation of 60 degrees. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for a cervical MRI. The Request for Authorization was not submitted for review, to include the date that the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CERVICAL MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for CERVICAL MRI is non-certified. The California MTUS/ACOEM Guidelines state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The Official Disability Guidelines (ODG) state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). It was indicated in the documentation provided that the injured worker had a prior cervical MRI. The guidelines indicate that a repeat MRI is not routinely recommended. The documentation submitted did not indicate that the injured worker had findings that would suggest that she was at risk for a tumor, infection or fracture or neural compression or a recurrent disc herniation. In addition, the documentation submitted did not indicate a significant change in symptoms. Therefore, a repeat MRI is not recommended. As such, the cervical MRI is non-certified.